## EXHIBIT B

Case 06-10725-gwz Doc 8702-2	Ent	tered 07/24/11 14:1	4:38 Pag	re 2 of 11
DISTRICT OF NEVADA		OF OF CLAIM		
USA COMMERCIAL MORTGAGE	06-	10725-LBR		
NOTE See Reverse for List <sup>®</sup> of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensions after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address	NAN	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number (80) 487-9336		Check box if this address differs from the address on the envelope sent to you by the court	If you have alre Bankruptcy Court	pady filed a proof of claim with the or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies deb	otor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Paturaa h	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Vages s	alaries, and compensation (i		Other claims against servicer (not for loan balances)
Money loaned  Other (describe bnefly)  See EXHIBIT A	Jnpaid co	ompensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED 7/0//05	3 IF CC	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be	est describ	oe your claim and state the amoi	unt of the claim at t	he time case filed
See reverse side for important explanations  UNSECURED NONPRIORI FY CLAIM \$ 3.04, 534  Check this box if a) there is no collateral or lien securing your claim or h) you		SECURED CLAIM		
exceeds the value of the property securing it or if c) none or only part of your		a right of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is entitled to priority		☑ Real Estate  Value of Collateral		e Lothr Krowñ
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towas services for personal family of		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable para	vernmental units	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 304,53425 \$ AT TIME CASE FILED (unsecured)	,	.534,25\$ ecured)	( pnonty)	\$ 364534,25 (Total)
Check this box if claim includes interest or other charges in addition to the p				
6 CREDITS The amount of all payments on this claim has been credite 7 SUPPORTING DOCUMENTS Attach copies of supporting docume running accounts contracts court judgments mortgages, security agr DOCUMENTS If the documents are not available, explain. If the documents are	<u>ents.</u> su reements	ch as promissory notes pure and evidence of perfection	chase orders, inv	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the fi proof of claim	iling of ye	our claim enclose a stampe	d, self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent be ACCEPTED) so that it is actually received on or before 5 00 pm, p for each person or entity (including individuals, partnerships, cor	revailin	g Pacıfic tıme, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
		OR OVERNIGHT DELIVERY TO	) FILES	JAN 11 2007
BMC Group Bi	MC Grou			Jrii -
P O Box 911	330 East	cm Claims bocketing Cente : Franklin Avenue lo_CA 90245		
DATE SIGN and print the name and title if any of the cities claim (attach copy of power of attorney)		other person authorized to file		USA CMC
I I' I' I WILL THOUSE IN THE	,	NUZP HARR	Maton	1012002000

FORM BTO (Omicial Form 10) (10/05)						
United States Bankruptcy Court	Dist	TRICT (	or_	Nevada	PROOF OF CLAIM	
Name of Dubtor	Case I	Vumber		ا سیاد		
USA COMMERCIAL MORTGAGE COMPAN	4 06	- 10	7	25-LBR		
NOTE This form should not be used to make a claim for an adminis	trative expe	ense arıs	ing	after the commencement		
of the case. A request for payment of an administrative expense ma	y be filed p	oursuant	to I	I USC § 503		
Name of Creditor (The person or other entity to whom the				are aware that anyone		
debtor owes money or property)	else	has filed	d a p	roof of claim relating to		
KAY J. HART AN UNMARRIED		claim . ng partic		ch copy of statement s		
Woman	Chec	k box if	f you	i have never received any		
Name and address where notices should be sent  KAY JHART		es from	the	bankruptcy court in this		
455MAGNULIA AUG	Case Chec	k box if	t the	address differs from the		
FAIR HOPE, AL 36532 Telephone number 251-929-3298	addr	ess on th		avelope sent to you by	THIS SPACE IS HUR COURT USE ONLY	
Last four digits of account or other number by which creditor		court. ck here		replaces		
identifies debtor 389/		is claim	H	amends a previously filed	claim dated	
1 Basis for Claim	<u> </u>	р	Petro	ee benefits as defined in 11		
Goods sold		LI		ee benefits as defined in 11 es salaries, and compensati		
Services performed		L L	ast	four digits of your SS # _	- Carlotte	
Money loaned			-	and compensation for service		
Personal injury/wrongful death Taxes		fi	rom	to		
Taxes Other SEE EXILIBIT A				(date)	(date)	
2 Date debt was incurred.	3.	If cou	irt j	udgment, date obtained		
3-07-2005						
4 Classification of Claim Check the appropriate box or boxes th	at best des	cnbe yo	ur c	laim and state the amount o	f the claim at the time case filed	
See reverse side for important explanations  Necessary Alexander Claim 5 203 (05.59)		Secu	red	Claim		
Unsecured Nonpriority Claim \$ 303, 105,58	,	V	Ch	eck this box if your claim is	secured by collateral (including	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	r claim, or none or	a rigi	ht of	setoff)		
only part of your claim is entitled to priority				ef Description of Collateral		
Unsecured Priority Claim Real Estate Motor Vehicle Other.						
Check this box if you have an unsecured claim all or part of which is Value of Collateral Symptotical						
entitled to priority  Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$ secured claim if any \$ \$\frac{1}{20.55}						
Specify the priority of the claim	П	Up to \$	\$2,22	25* of deposits toward purc	hase, lease, or rental of property	
Domestic support obligations under 11 USC § 507(a)(1)(A) o	)r	or servi	ices	for personal family or hous	schold use - 11 U S C	
(a)(1)(B)					al units - 11 U S C § 507(a)(8)	
Wages salaries, or commissions (up to \$10,000) * earned within	n 180		•	_		
days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter						
Contributions to an employee benefit plan - II USC § 507(a					after the date of adjustment	
5. Total Amount of Claim at Time Case Filed		LN4	Ęγ.	A LUYEXA	LNYEXA	
	764	(unsecu	red)	(secured) (pr	ionty) (Total)	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6 Credits The amount of all payments on this claim has been	credited a	nd dedn	cted	for the purpose of	HIS SPACE IS FOR COURT USE ONLY	
making this proof of claim						
7 Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase						
orders invoices itemized statements of running accounts contracts court judgments, mortgages, security						
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary						
8 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-LD JAN 11 2007 addressed envelope and copy of this proof of claim						
					<del>-</del>	
Date Sign and print the name and title, if any, of t	he creditor	or other	r pe	rson authorized to		
file this claim (attach copy of power of attor	rney it any	")				
L'Est Clast						
Penalty for presenting fraudulent claum Fine of up to \$500 000 or	1704	ont for		- 5 man 1 - 1 - 1 - 1 - 1 - 1	USA CMC	
Time of up to 5500 000 or	нырпзовт	CH TOT I	up t	o a years of both 18US	1072502049	

United States Bankrupticy Court	FORM B10 (Official Form 10) (10/05)				
Name of Dehtor  ### MOTHS: This form should not be used to make a claim for an administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor (The person or other entity to whom the debtor owes money or property):    Down Jo. MEYER   DENNIS E, HEIN   Deck to if you have never received any notices from the bankruptcy court in this case.   Down Jo. MEYER   DENNIS E, HEIN   Deck to if you have never received any notices from the bankruptcy court in this case.   Check boo if the address differs from the saddress of the address differs from the bankruptcy court in this case.   Check boo if the address differs from the saddress on the cavelope sent to you by the court.   Telephton-fundations of the fundation of th		Distri	CT OF Neva	da	PROOF OF CLAIM
Name of Creditor (The person or other entity to whom the debtor ower money or property):    OND, MEYER + DENNIS E, HEIN TUNES   Check box if you have never received any pour claim. Attach copy of statement giving particulars. Check box if you have never received any pour claim. Attach copy of statement giving particulars. Check box if you have never received any pour claim. Attach copy of statement giving particulars. Check box if you have never received any pour claim. Attach copy of statement giving particulars. Check box if you have never received any pour claim of the care of the particular of the address of t	Name of Deptor  USA COMMERICAL MORTGAGE CO	Case Nur		5-LRR	
Name of Creditor (The person or other entity to whom the debtor owes money or property):    Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	NOTE: This form should not be used to make a claim for an administration	rative expense	arising after the	ne commencement	
else has filed a proof of claim relating to your claim. Attach to copy of statement giving particulars.  Check box if you have never received any notices from the hankrupicy court in this case.  Check box if you have never received any notices from the hankrupicy court in this case.  Check box if you have never received any notices from the hankrupicy court in this case.  Check box if you have never received any notices from the hankrupicy court in this case.  Check box if you have never received any notices from the hankrupicy court in this case.  Check box if you have never received any notices from the hankrupicy court in this case.  Check box if you have never received any notices from the hankrupicy court in this case.  Check hor if you have never received any notices from the hankrupicy court in this case.  Check hor if you have never received any notices from the hankrupicy court in this case.  Check hor if you have never received any notices from the hankrupicy court in this case.  Check hor if you have never received any notices from the hankrupicy court in this case.  Check hor if you have never received any notices from the hankrupicy court in this case.  Check hor if you have never received any notices from the hankrupicy court in this case.  Check hor if you have not you by the court.  Check hor if you relating the properties of Chairm.  Check his box if your claim is entitled to priority.  Check his box if your claim is entitled to priority.  Check his box if you have an unsecured claim, all or part of which is entitled to priority.  Check his box if you have an unsecured claim, all or part of which is entitled to priority.  Check his box if you have an unsecured claim, all or part of which is entitled to priority.  Check his box if you have an unsecured claim, all or part of which is sentitled to priority.  Check his box if your claim is entitled to priority.  Check his box if your claim is entitled to priority.  Check his box if your death in the distinct of the claim is entitled to priority.  C					4
Name and address where notices should be sent:    Down D.   MEYER + DENNIS E. HEIN TURNS		else has	filed a proof of	f claim relating to	
Name and address where notices should be sent:    Check box if you have never received any notices from the bankruptcy court in this case.				y of statement	
Telephote-fluith FS 3	JIWKOS	Check	oox if you have	never received any	
Last four digits of account or other humber by which creditor identifies debtor:    Resis for Claim			from the bankr	upicy court in this	
Last four digits of account or other humber by which creditor identifies debtor:    Resis for Claim	3425 E. RUSSELL RD. WIT 247	Check 1			Time Salve in true County 1 her Ohio
if this claim   amends   a previously filed claim, dated:	Telephorie number 543 1184 1873	the cou		ac .	THIS SPACE IS FOR COOK! ONE CHAIR
Retiree benefits as defined in 11 U.S.C. § 1114(a)   Wages, salaries, and compensation (fill out below)   Last four digits of your S\$ #:			<del>   </del>	a manufamalu filo	ed claim, dated:
Services performed Money loaned Personal injury/wrongful death Taxes Other  2. Date debt was incurred:  4. Classification of Claim. Check the appropriate box or hoxes that best describe your claim and state the amount of the claim at the time case of See reverse side for important explanations. Unsecured Nonpriority Claim Spour claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority is entitled to priority is Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* camed within 180 days before filing of the bankruptory petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(I)(I)  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Total Amount of Claim at Time Case Filed:  (unexcused)					
Unpaid compensation for services performed  Woney loaned Personal injury/wrongful death  Taxes  Locamber  Date debt was incurred:  Check this box if calter is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of which is entitled to priority is  Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000), are aread within 180 drys before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Total Amount of Claim at Time Case Filed:  (unexcursed)  Unpaid compensation for services performed from					
Taxes Other See Exhibit A (date)  2. Date debt was incurred:  3. If court judgment, date obtained:  4. Classification of Claim. Check the appropriate box or hoxes that best describe your claim and state the amount of the claim at the time case of See reverse side for important explanations.  Unsecured Nonpriority Claim \$ / 2 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5					
2. Date debt was incurred:  2. Date debt was incurred:  3. If court judgment, date obtained:  4. Classification of Claim. Check the appropriate box or hoxes that best describe your claim and state the amount of the claim at the time case of See reverse side for important explanations.  Unsecured Nonpriority Claim \$ / 3 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5	Personal injury/wrongful death		from		to
4. Classification of Claim. Check the appropriate box or hoxes that best describe your claim and state the amount of the claim at the time case of See reverse side for important explanations.  Unsecured Nonpriority Claim \$ / 3/4 / 590  Check this box if: a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority.  Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority \$  Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000), a camed within 180 of ays before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Total Amount of Claim at Time Case Filed:  (unsecured)  (unsecured)  (unsecured)  (contributions to describe your claim and state the amount of the claim at the time case of the claim at the time case of the describe your claim and state the amount of the claim at the time case of the claim.  Secured Claim  Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  Water Bestate Motor Vehicle Other—  Value of Collateral:  Sunkhow  Amount of arrearage and other charges at time case filed included secured claim, if any:  \$ 507(a)(7).  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)().  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment of the claim. Attach itemized statement of all the principal amount of the claim. Attach itemized statement of all the principal amount of the claim.	Other See Exhibit A			(datc)	(date)
Sec reverse side for important explanations. Unsecured Nonpriority Claim \$ \( \) \(		3. 1	f court judgm	ent, date obtained	i:
Unsecured Nonpriority Claim \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					of the claim at the time case file
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of which is entitled to priority.  Amount entitled to priority \$	1		r-1/		1
Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of which is entitled to priority.  Amount entitled to priority \$	b) your claim exceeds the value of the property securing it, or if c) n	claim, or	a right of setof	f).	
Amount entitled to priority.  Amount entitled to priority \$  Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or  (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* carned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Total Amount of Claim at Time Case Filed:  (unsecured)  (secured)  (priority)  Amount of arrearage and other charges at time case filed included secured claim, if any: \$  LD to \$2,225* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment.  Total Amount of Claim at Time Case Filed:  (unsecured)  (secured)  (priority)  (fotal)	Unsecured Priority Claim		Real !	Estate Motor	Vehicle Other
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or  (a)(1)(B)  Wages. salaries, or commissions (up to \$10,000),* carned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Total Amount of Claim at Time Case Filed:  (unsecured)  Secured claim, if any: \$					
Specify the priority of the claim:    Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)   Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).   Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).   Total Amount of Claim at Time Case Filed:   Up to \$2,225* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).   Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)().   Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().   *Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment.   Up to \$2,225* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).   Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)().   **Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment.   **Domestic support obligations under 11 U.S.C. § 507(a)().   **Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment.   **Domestic support obligations under 11 U.S.C. § 507(a)().   **Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment.   **Domestic support obligations under 11 U.S.C. § 507(a)().					
Or services for personal, family, or household use - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Total Amount of Claim at Time Case Filed:  (unsecured)  (secured)  (priority)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all		L			
(a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  Total Amount of Claim at Time Case Filed:  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all		L or	services for pe	rsonal, family, or h	ousehold use - 11 U.S.C.
Wages, salaries, or commissions (up to \$10,000),* earned within 180 Uther - Specify applicable paragraph of 11 U.S.C. § 507(a)().  business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment.  Total Amount of Claim at Time Case Filed:  (unsecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all		— "		s owed to governme	ental units - 11 U.S.C. § 507(a)(8
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereaft with respect to cases commenced on or after the date of adjustment.  5. Total Amount of Claim at Time Case Filed:  (unsecured)  (priority)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all	Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte	n 180 ∏ O	ther - Specify a	pplicable paragrapl	n of 11 U.S.C. § 507(a)().
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  5. Total Amount of Claim at Time Case Filed:  (unsecured)  (secured)  (priority)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all	business, whichever is earlier - 11 U.S.C. § 507(a)(4).	*Amo			
(unsecuted) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all		)(5).		121.500	121, 500
	/				
	interest or additional charges.	lition to the	ortnetpal amour	nt of the claim. Atta	cn itemized statement of all
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	The difference of the payments on the claim the coor	credited and	deducted for t	he purpose of	THIS SPACE IS FOR COURT USE ONE
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase		ents, such as	promissory no	tes, purchase	
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security	• · · · · · · · · · · · · · · · · · · ·	-			
agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				(15. H tile	
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-	1	ling of your	claim, enclose a	stamped, self-	
addressed envelope and copy of this proof of claim.  Date Sign and print the name and title, if any, of the creditor or other person authorized to		the creditor o	r other person	authorized to	
file this claim (attach copy of power of attorney, if any): Her TWROS	file this claim (attach copy of power of attor	racy, if any):	11.		
18/06 Don D. MEYER + Dennis Hein	18/06 Don D. MEYER+	Dennis	Hein	0, w/w	

	Cas	se 06-10725-awz Doc 87	02-2 E	ntered 07/24/11 14 <sup></sup>	14:38 Pag	ne 5 of 11	
	<b>DISTI</b>	ES BANKRUPTEY COURT RIG I OF NEVADA	PRO	DOF OF CLAIM			
l	Name of Debtor		Case Nu	ımber			
		AL MORTGREE COMPAN	y 06	- 10725-LBR			
	This form should not be used arising after the commencer administrative expense may	t of Debtors and Case Numbers d to make a claim for an administrative ment of the case A "request" for payme be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of			
	C/O ALLEN 598 ALAWA	11321241000 ILY TRUST DATED 4/23/90 HERD AND MARILYN HERD TRUSTE		statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS	
	ANOLLO			Check box if this address differs from the address on the		ady filed a proof of claim with the	
	Creditor Telephone Number	(209 736-4974		envelope sent to you by the court		or BMC you do not need to file again E IS FOR COURT USE ONLY	
		r other number by which creditor identifi	ies debtor	Check bars replac		E TO TOTAL OCE ONE!	
	- BASIS FOR SI AM			if this claim amen	a previously	filed claim dated	
	1 BASIS FOR CLAIM Goods sold	Personal injury/wrongful death		benefits as defined in 11 U S		Unremitted principal	
	Services performed	Taxes		salaries and compensation (i r digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)	
į	Money loaned	☑ Other (describe briefly)  SEE E###BIT 存	Unpaid o	compensation for services per	rformed from	to	
	2 DATE DEBT WAS INCUI		3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)	
	4 CLASSIFICATION OF CI	LAIM Check the appropriate box or boxes				ne time case filed	
	See reverse side for importar	· · ·		SECURED CLAIM			
	Check this box if a) there	ITY CLAIM \$ LINE 4 EX A is no collateral or lien securing your claim or property securing it or if c) none or only part of	r b) your claım	Check this box if you a right of setoff)	our claim is secur	ed by collateral (including	
	entitled to priority UNSECURED PRIORITY C	1 AIM		Brief description of	collateral		
	l <del></del>	an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other	
	entitled to priority	ŕ		Value of Collateral	\$ UN	KNOWN	
	Amount entitled to priority  Specify the priority of the c			Amount of arrearage ar secured claim, if any	nd other charges \$ <u>ムルと ス</u>	at time case filed included in	
	I <del></del>	ons under 11 U S C $\S$ 507(a)(1)(A) or (a)(1)(a) issions (up to \$10 000)* earned within 180 of		Up to \$2 225* of deposits toware services for personal family of	ard purchase lease or household use -1	or rental of property or 1 U S C § 507(a)(7)	
	before filing of the bankrui	ptcy petition or cessation of the debtor's rlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)	
	i—1	yee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable para			
				* Amounts are subject to adjust with respect to cases commen			
	5 TOTAL AMOUNT OF CL AT TIME CASE FILED	AIM \$ LN 4 EXA	\$ 4114	4 Ex.A \$		\$ LN4EXA	
		(unsecured) cludes interest or other charges in addition	•	secured) amount of the claim Attach iter	( prionty) mized statement o	(Total) f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this							
	proof of claim						
	ACCEPTED) so that it i	npleted proof of claim form must be s s actually received on or before 5 00 ty (including individuals, partnership	pm, prevailir s, corporation	ng Pacific time, on Novembers, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY	
	BMC Group	okating Contor	BMC Gro	. <u>.</u>	בוו ב	D JAN 11 2007	
	Attn USACM Claims Do	_	1330 Eas	CM Claims Docketing Center of Franklin Avenue	r (* 11 <u>-</u> 4	U Office -	
	El Segundo, CA 90245-0	SIGN and print the name and title if any		do CA 90245			
		this claim (attach copy of power of a	atterney if any)	outer person authorized to file		USA CMC	
	1/9/07	Cellen Hence	·L,T	surtee			

PURM BIU (Unicial Forti 10) (10/05)							
United States Bankruptcy Court	District of Nevada	PROOF OF CLAIM					
Name of Dehtor	Case Number	PROOF OF CEAN					
USA COMMERCIAL MORTGAGE CO.	06-10725-LBR						
NOTE This form should not be used to make a claim for an administ of the case. A "request' for payment of an administrative expense ma							
of the case. A "request for payment of an administrative expense ma	y be med pursuant to 11 USC 9 101						
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone						
debtor owes maney or property)	else has filed a proof of claim relating to						
EDWARD O. HIGH,	your claim Attach copy of statement giving particulars						
an unmarried man	rm ° °'						
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this						
EDWARD O HIGH	case						
1413 PELICAN BAY TRAIL	Check box if the address differs from the						
WINTER PARK, FL 32792	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY					
Telephone number 407-679-4445	the court.	<u> </u>					
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim amends a previously filed	claim dated					
INCHELISCY ACTIVE							
1 Basis for Claim	Retiree benefits as defined in 11						
Goods sold	Wages salaries, and compensat	ion (fill out below)					
Services performed	Last four digits of your SS # Unpaid compensation for serving						
Money loaned	· · · · ·	ces performed					
Personal injury/wrongful death	fromt	(date)					
Taxes 5-ee Exclust A	(date)	(date)					
2. Date debt was incurred	3. If court judgment, date obtained.						
Sept 9, 2005							
4 Classification of Claim Check the appropriate box or boxes the	nat best describe your claim and state the amount	of the claim at the time case filed					
San réverse side for annestant explanations		7					
Unsecured Nonpriority Claim \$ 201,997.38	Secured Claim						
Check this how if a) there is no collateral or lien securing you	Check this box if your claim is a right of setoff)	secured by collateral (including					
Unsecured Nonpriority Claim \$ 201, 997.38  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	none or						
Brief Description of Collateral							
Unsecured Priority Claim							
Check this box if you have an unsecured claim all or part of	which is Value of Collateral S UN	KNOWN					
entitled to priority  Amount of arrearage and other charges at time case filed included in							
Amount entitled to priority \$ secured claim if any \$_1,997.38()							
	Up to \$2,225* of deposits toward pure						
Specify the priority of the claim	or services for personal, family or hou	usehold use - 11 U S C					
Domestic support obligations under 11 U S C § 507(a)(1)(A) (							
(a)(1)(B)	Taxes or penalties owed to governmen	ital units - 11 USC § 507(a)(8)					
Wages, salaries, or commissions (up to \$10,000),* earned with	on 180 Other - Specify applicable paragraph	of 11 USC § 507(a)()					
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)	(0) 5 1						
business whichever is earlier - 11 U S C § 507(2)(4)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter  with respect to cases commenced on or after the date of adjustment  with respect to cases commenced on or after the date of adjustment							
		Anicon 28					
5. Total Amount of Claim at Time Case Filed	(unsecured) (secured) (secured)	20 (,997 38 priority) (Total)					
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all							
interest or additional charges		xioit A)					
6. Credits The amount of all payments on this claim has been	n credited and deducted for the purpose of	THIS SINCE IS HOR COURT USE ONLY					
making this proof of claim							
7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase							
orders invoices, itemized statements of running accounts, contracts court judgments, mortgages, security							
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the							
	documents are not available explain If the documents are voluminous, attach a summary  8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-						
addressed envelope and conv of this proof of claim		AV3					
Date Sign and print the name and title, if any, of	the creditor or other person authorized FILE	IAN 11 2007					
file this claim (attach copy of power of atto	orney, if any) FILTP	JHIV -					
Jan9, 2006 Edwardo High							
E	DWARD O. HIGH	usa CMC					

Case	06-10725-awz Doc 8702	-2 Entered 07/24/11 14:0	L4:38 Page 7 of 11
n a		PROOF OF CLAIM	
Name of Debtor		Case Number	1
USA COL	MMERCUL MORTERE	06-10725-48/2	
NOTE See Reverse for List This form should not be used arising after the commencem	of Debtors and Case Numbers I to make a claim for an administrative expent of the case A "request" for payment be filed pursuant to 11 U S C § 503	pense Check box if you are	
5764 FLINTO	1132124100244 FAMILY INVESTMENTS LP CREST DR IN IA 52601-9050	statement giving particulars	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
	other number by which creditor identifies	debtor Check here repla	aces
		Check here replacement of this claim ame	r a previously filed claim dated
☐ BASIS FOR CLAIM☐ Goods sold☐ Services performed☐ Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Retiree benefits as defined in 11 U S Wages salaries and compensation Last four digits of your SS # Unpaid compensation for services pe	(fill out below)
2 DATE DEBT WAS INCUR	RED 10-1-04	3 IF COURT JUDGMENT, DATE	
	AIM Check the appropriate box or boxes that		
UNSECURED NONPRIORI  Check this box if a) there is exceeds the value of the prentitled to priority	TY CLAIM \$ 64118.3/ is no collateral or lien securing your claim or b roperty securing it or if c) none or only part of y	your claim   🖵	our claim is secured by collateral (including
UNSECURED PRIORITY CI	AIM an unsecured claim all or part of which is	Real Estate	Motor Vehicle Other
entitled to priority	an origination of part of willow to	Value of Collatera	·
Amount entitled to priority	\$	Amount of arrearage a secured claim, if any	and other charges <u>at time case filed</u> included in
Specify the priority of the control Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		vard purchase lease or rental of property or
before filing of the bankrup	ssions (up to \$10 000)* earned within 180 day toy petition or cessation of the debtor's filer 11 U S C § 507(a)(4)	·	or household use 11 U S C § 507(a)(7) overnmental units 11 U S C § 507(a)(8)
	/ee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adju	ragraph of 11 U S C § 507(a) ( ) ustment on 41107 and every 3 years thereafter unced on or after the date of adjustment
5 TOTAL AMOUNT OF CL	AIM \$	\$	\$
AT TIME CASE FILED	(unsecured)	(secured)	( pnonty) (Total)
			emized statement of all interest or additional charges
7 SUPPORTING DOCU running accounts contra DOCUMENTS If the do	cts, court judgments, mortgages, security cuments are not available explain. If the	cuments, such as promissory notes puragreements, and evidence of perfection documents are voluminous attach a su	rchase orders, invoices, itemized statements of n of lien DO NOT SEND ORIGINAL immary
8 DATE-STAMPED COF proof of claim	To receive an acknowledgment of the	he filing of your claim enclose a stampe	ed self-addressed envelope and copy of this
ACCEPTED) so that it is for each person or entite governmental units) BY MAIL TO BMC Group Attn USACM Claims Do P O Box 911 El Segundo CA 90245-0	911	m, prevailing Pacific time, on November Corporations, joint ventures, trusts a BY HAND OR OVERNIGHT DELIVERY T BMC Group Attn USACM Claims Docketing Cent 1330 East Franklin Avenue El Segundo CA 90245	o FILED NOV 0 9 2006
1/-06-06	SIGN and print the name and title if any of this claim (attach copy of power of atto	orney if any)	į.
L	t claim is a fine of up to \$500 000 or imprisonm		USA CMC
. Shary for presenting traudulen	s Grant is a nine of up to 4000 000 or imprisonm	iona ion up to o yours or both 100 50 S	1072501161

EQ B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debior USA COMMERCIAL MORICAGE Co.	Case Number 06-10725	
NOTE: This form should not be used to make a claim for an administrative expense ma	arative expense arising after the commencement y be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): GEORGE W. HUBBARD AND CAROL N. HUBBARD TRUSTEES OF The HUBBARD TRUST OF 7/29/1998	8.4.11.6.10.11.0.11.0.11.1	
Name and address where notices should be sent:  ROBERT C. LEPOME  10/20 S. BASTERN # 200  HENDERSON, NV 89052  Telephone number (702) 492-127/	Check hox if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COUNT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 6291	Check here ☐ replaces  if this claim ☐ amends a previously filed	ctaim, dated:
1. Basis for Claim  ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ NEGLICENCE & FRAUD	Retiree benefits as defined in I I  Wages, salaries, and compensati Last four digits of your SS #:  Unpaid compensation for service  from	ion (fill out below)
2. Date debt was incurred: JAN 1,2005 To APRIL 12, 2006	3. If court judgment, date obtained:	
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of wentitled to priority.  Amount entitled to priority \$	☐ Real Estate ☐ Motor V	ehicle Other
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(I)(A) o	Up to \$2,225* of deposits toward pure or services for personal, family, or hou § 507(a)(7).	
(a)(1)(B)	☐ Taxes or penalties owed to government	
Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).	*Amounts are subject to adjustment on 4/1/	of 11 U.S.C. § 507(a)().  707 and every 3 years thereafter
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	*Amounts are subject to adjustment on 4/1/	of 11 U.S.C. § 507(a)().  707 and every 3 years thereafter
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).	*Amounts are subject to adjustment on 4/1/ with respect to cases commenced on or  \$ /22,500 (unsecuted) (secured) (pi	of 11 U.S.C. § 507(a)().  707 and every 3 years thereafter after the date of adjustment.  762,500
<ul> <li>days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).</li> <li>Contributions to an employee benefit plan - 11 U.S.C. § 507(a</li> <li>Total Amount of Claim at Time Case Filed:</li> <li>Check this box if claim includes interest or other charges in addinterest or additional charges.</li> <li>Credits: The amount of all payments on this claim has been</li> </ul>	*Amounts are subject to adjustment on 4/1/ with respect to cases commenced on or  (unsecured) (secured) (pi dition to the principal amount of the claim. Attach	of 11 U.S.C. § 507(a)().  707 and every 3 years thereafter after the date of adjustment.  762,500
<ul> <li>days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).</li> <li>Contributions to an employee benefit plan - 11 U.S.C. § 507(a</li> <li>Total Amount of Claim at Time Case Filed:</li> <li>Check this box if claim includes interest or other charges in addinterest or additional charges.</li> </ul>	*Amounts are subject to adjustment on 4/1/ with respect to cases commenced on or  (insecured) (secured) (production to the principal amount of the claim. Attach in credited and deducted for the purpose of sents, such as promissory notes, purchase acts, court judgments, mortgages, security PD ORIGINAL DOCUMENTS. If the iminous, attach a summary.  Illing of your claim, enclose a stamped, self-	of 11 U.S.C. § 507(a)().  707 and every 3 years thereafter after the date of adjustment.    62 500     Total)     itemized statement of all

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

USA CMC 1072501863

FORM B10 (Official Form 10) (10/05)						
United States Bankruptcy Court	Dis	TRICT C	)F_1	<u>Vevada</u>	PROOF OF CLAIM	
Name of Diction USA COMMENCIA Mostgage Company Case Number 06-10725-LBR						
NOTE This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense material to the case.						
	·	·				
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Helary A. Huffman	else	has filed	a pro	are aware that anyone oof of claim relating to		
& Cynthia L Huttman Trysters of the Huttman Family Trust dated 5-28-98		r claim <i>A</i> 1g particu		h copy of statement		
Name and address where notices should be sent				have never received and		
Hilary Huffman	case					
Hilary Huffman 140 Gazelle Rå Reno, NV 89511 Telephone number (775) 851-4154	addi the	ess on the	e env	iddress differs from the velope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		ck here is claim	Х г	eplaces amends a previously t	filed claim dated 12-9-56	
1 Basis for Claim					n     U S C §         4(a)	
Goods sold Services performed				salaries, and comper our digits of your SS	nsation (fill out below)	
Money loaned			-	d compensation for se		
Personal injury/wrongful death Taxes Sre Exhibit A		fre	om_	(date)	_ to(date)	
Wr Other	3.	Y. com				
2 Date debt was incurred February 2004	3.	II COU	rt ju	dgment, date obtain	ea	
4 Classification of Claim. Check the appropriate box or boxes th	at best des	cribe you	r cla	um and state the amou	nt of the claim at the time case filed	
See reverse side for important explanations Unsecured Nonpriority Claim \$ 101, 416-23		Secur				
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  Check this box if your claim is secured by collateral (including a right of setoff)						
Unsecured Priority Claim	<del>,</del>			f Description of Collate Moto		
Check this box if you have an unsecured claim all or part of which is						
entitled to priority  Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$		<u> </u>				
Specify the priority of the claim  Domestic support obligations under 11 U S C \\$ 507(a)(1)(A) or  Up to \\$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C \\$ 507(a)(7)						
(a)(1)(B)			-	alties owed to govern	nental units - 11 USC § 507(a)(8)	
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C \$ 507(a)(4)	ors 📙		_		ph of 11 USC § 507(a)()	
Contributions to an employee benefit plan - 11 U S C \ 507(a)	7 1/1	ounts ar with resp	e sut pect i	bject to adjustment on to to cases commenced o	4/1/07 and every 3 years thereafter n or after the date of adjustment	
5 Total Amount of Claim at Time Case Filed-		101,416		4 24 4 4	101,416 23	
Check this box if claim includes interest or other charges in add	_	(unsecum	ed)	(secured)	(priority) (Total)	
interest or additional charges						
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	na deduc	ted i	for the purpose of	This Space is for Court Use Only	
7 Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase						
orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available, explain If the documents are voluments	minous, att	ach a sur	nma	ry	FILED JAN 11 200	
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim.						
Date Sign and print the name and title if any, of t	he creditor	or other				
file this claim (attach copy of power of attorney if any)  Hilory Huffman Cynthia Haffman Trustops						
Helay Hukhman, Trustee	UTEL	ceffu	۷_	trester	USA CMC	
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	mprisonm	ept for u	p to	5 years or both 18 U	St., 1072502122	

		والمستقيد والمتعالي والمتعالي والمتعاري والمتعاري والمتعاري والمتعارض والمتع					
UNITED STATES BANKBUPTCY COURT P							
DISTRICT OF NE-YAGA							
Name of Debtor Cas	e Number						
USA COMMERCIAL O	6-10725-LBR						
MORT GAGE COMPANY							
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are						
arising after the commencement of the case A request" for payment of an	aware that anyone else has filed a proof of claim relating to						
administrative expense may be filed pursuant to 11 U S C § 503	your claim Attach copy of						
Name of Creditor and Address	statement giving particulars						
MARC M. INGMAN	Check box if you have never received any notices						
1923 LA MESA DRIVE	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT					
SANTA MONICA CALIFORNIA	Check box if this address	ONE OF THE DEBTORS					
90402 - 2322	differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again					
Creditor Telephone Number ( ) 310 – 395 – 0437	court	THIS SPACE IS FOR COURT USE ONLY					
Last four digits of account or other number by which creditor identifies debto	Check here replac	Ces					
	if this claim amen	a previously filed claim datedd					
	iree benefits as defined in 11 U S	C § 1114(a) Unremitted principal					
	ges salaries and compensation (	fill out below) Other claims against servicer					
la Martine and the Company of the Co	t four digits of your SS#	(not for loan balances)					
Money loaned Other (describe briefly) Uni	paid compensation for services per						
(uate) (uate)							
2 DATE DEBT WAS INCURRED 8/30/2005   3 IF COURT JUDGMENT, DATE OBTAINED  4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed							
See reversi side for important explanations	SECURED CLAIM						
UNSECURED NONPRIORITY CLAIM \$253,750.00  Check this box if a) there is no collateral or lien securing your claim or b) your of	claim A Shook and box if yo	our claim is secured by collateral (including					
exceeds the value of the property securing it or if c) none or only part of your claim is  a right of setoff)							
UNSECURED PRIORITY CLAIM	Brief description of	Motor Vehicle Other					
Check this box if you have an unsecured claim all or part of which is	)	· - · · · · · · · · · · · · · · · · · ·					
entitled to priority  Amount entitled to priority \$	Value of Collateral	<u> </u>					
Specify the priority of the claim	secured claim if any	nd other charges at time case filed included in \$ 3 7 5 0 . 00					
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward	ard purchase lease or rental of property or					
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family of	or household use 11 U S C § 507(a)(7)					
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)	before filing of the bankruptcy petition or cessation of the debtor's  Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)						
Other Specify applicable paragraph of 11 U S C § 507(a) ( )  Contributions to an employee benefit plan 11 U S C § 507(a)(5)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter							
with respect to cases commenced on or after the date of adjustment							
5 TOTAL AMOUNT OF CLAIM \$253,750.00\$253,750.00\$ \$253,750.00\$							
(unsecured)	(secured)  conal amount of the claim. Attach ite	(priority) (Total)  mized statement of all interest or additional charges					
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.							
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of							
running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL							
DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this							
proof of claim	S 41 ,442 4.4 4						
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pre	mail or hand delivered (FAXES N	OT THIS SPACE FOR COURT er 13, 2006 USE ONLY					
for each person or entity (including individuals, partnerships, corpo	prations, joint ventures, trusts a	nd OSE ONL!					
	AND OR OVERNIGHT DELIVERY TO	USA CMC					
BMC Group BMC	C Group · USACM Claims Docketing Cente	1072501911					
P O Box 911 133	P O Box 911 1330 East Franklin Avenue						
El Segundo CA 90245 091   El S  DATE   SIGN and print the name and title if any of the cre	segundo CA 90245 ditor or other person authorized to file	FILED JAN 1 0 200"					
this claim (attach copy of power of attorney in	f any)	T. (T. )					
1/ Thousand	MARC M.	INGMAN					

Case ub-10725-gw		ilereo U <i>1124</i> /11 14:1	<u>.4.38 Pau</u>	<u>ETTOLIT</u>
UNITED STATES BANKRUPTO DISTRICT OF NEVADA		OOF OF CLAIM		
Name of Debtor	Case No	ımber		
USA Commercial MORT	GAGE Company 06	-10725-LBR		
NOTE See Reverse for List of Debtors and Case				
This form should not be used to make a claim for arising after the commencement of the case A "i		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 1		filed a proof of claim relating to		
Name of Creditor and Address:		your claim. Attach copy of statement giving particulars		
JANICE JANIS TRUSTEE OF H	ne Living 1 Rusi			
dated 2/3/99 C/D JANICE JANIS TRV		Check box if you have never received any notices		
CIN JANICE JANIS TRV	STEE	from the bankruptcy court or		S PROOF OF CLAIM FOR A
406 Pearl ST		BMC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT
Boulder, Co 80302	- 4931	Check box if this address		eady filed a proof of claim with the
Bound 2, Co 80302	- 7787	differs from the address on the envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number (303 443-7	474	court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by wh		Chack here To replace	\	- 2
283		Check here M replace or fithis claim amen	a previously	filed claim dated <u>01-09-07</u>
1 BASIS FOR CLAIM		benefits as defined in 11 US	C § 1114(a)	Unremitted principal
Goods sold Personal injury	/wrongful death	salaries and compensation (1	fill out below)	Other claims against servicer
Services performed Taxes		r digits of your SS#		(not for loan balances)
Money loaned Other (describe	bneffy) Onpaid	compensation for services per	formed from	to
SeeBxh	11 bil Pi			(date) (date)
2 DATE DEBT WAS INCURRED //- 2	71-03 3 FC	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appr	opnate box or boxes that best descr	ibe your claim and state the amou	ınt of the claım at ti	ne time case filed
See reverse side for important explanations	0.54	SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 20%		Check this box if yo	ur claım ıs secur	ed by collateral (including
Check this box if a) there is no collateral or lien se exceeds the value of the property securing it, or if		a nght of setoff)		
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	☐ Other
Check this box if you have an unsecured claim, all	or part of which is			-NowN
entified to priority		Value of Collateral		
Amount entitled to priority \$  Specify the priority of the claim.		Amount of arrearage ar secured claim, if any	nd other charges  2 9 5 6	at time case filed included in
Domestic support obligations under 11 U.S.C. § 5	07(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward	ırd nıırchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)*	earned within 180 days	services for personal family of		
before filing of the bankruptcy petition or cessation	of the debtor's	Taxes or penalties owed to go	vernmental units - 1	11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a	^ ·	Other - Specify applicable para	agraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit plan - 11 U S	S C § 507(a)(5)	* Amounts are subject to adjus		
E TOTAL AMOUNT OF OLDING A G	0-1 211 4 200	with respect to cases commen	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 202	956 24 \$ 202,	75624 \$		\$ 202,456,24
(u	,	secured)	( priority)	(Total)
Check this box if claim includes interest or other	charges in addition to the principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on the	is claim has been credited and	deducted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS. Attach cop	<u>ies of supporting documents,</u> s	uch as promissory notes, pure	hase orders, inv	oices, itemized statements of
running accounts contracts, court judgments,		•		T SEND ORIGINAL
BOCUMENTS If the documents are not available DATE-STAMPED COPY. To receive an a	· •	•	•	anualana and sanu of the
proof of claim	schiomedyneticorate anny or	your claim enclose a stamper	ı, sen-auuresseu	envelope and copy of this
The original of this completed proof of clai	m form must be sent by mail	or hand delivered (FAXES N	OT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received				USE ONLY
for each person or entity (including individ governmental units)	uais, parmerships, corporation	ns, joint ventures, trusts ar	ıd	
BY MAIL TO		OR OVERNIGHT DELIVERY TO	)	
BMC Group Attn USACM Claims Docketing Center	BMC Gro Attn US	rup ACM Claims Docketing Cente	r	
P O Box 911	1330 Eas	st Franklin Avenue	ख्यायः <b>है है</b>	ED JAN 11 2007
El Segundo CA 90245-0911		do, CA 90245		EN DUL TT FAM
	ame and title if any of the creditor on the copy of power of attorney if any)		,	USA CMC
40/10/07		Truston		
	\$500,000 05	Financial Transport	IEO AND DEZI	1072502099
Penalty for presenting fraudulent claim is a fine of up to	POUR OF IMPRISORMENT FOR UP to	years or both אל SC §§ י	152 AND 3571	